

Course & Instructor Evaluation

RE 318A (Rev. 9/11) NAME (OPTIONAL) The purpose of this evaluation is to further assist the Department of Real Estate in better serving COURSE TYPE DATE COURSE TAKEN (MONTH AND YEAR) the educational needs as offered by DRE-☐ CONTINUING EDUCATION ☐ PRE-LICENSE approved course providers. Your responses below will greatly assist in this effort. METHOD OF PRESENTATION ☐ SEMINAR/LIVE ☐ CORRESPONDENCE/HOME STUDY ☐ INTERNET Return to: COURSE TITLE Department of Real Estate **Education Section** COURSE PROVIDER NAME 2201 Broadway PO Box 187009 COURSE INSTRUCTOR NAME (IF APPLICABLE) Sacramento, CA 95818-7009 **EVALUATION** Strongly Strongly Agree Neutral Disagree NA Agree Disagree **INSTRUCTOR** Well prepared Began and ended on time Demonstrated knowledge of course material Provided relavant examples Responded accurately to questions **CONTENT/MATERIAL** Included clear learning objectives \Box П \Box \Box П Organized logically Current and relevant Easy to understand \Box **COURSE DELIVERY** Easy to access Quizzes were reflective of course material Final exam was reflective of course material I WOULD RECOMMEND THIS COURSE COMMENTS I would like to further discuss this evaluation with a DRE staff member. Please contact me at the following number or email address during regular business hours. TELEPHONE NUMBER **EMAIL ADDRESS**